

LOBBYIST REGISTRATION FORM

Please print or type

To be filed with:
Charlie Daniels, Secretary of State
State Capitol, Room 026
Little Rock, AR 72201
Phone (501) 682-5070
Fax (501) 682-3408

Registration for _____
(year)

For assistance in completing
this form contact:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Toll Free (800) 422-7773

☐ Check if this is an amended registration

Entity to be Lobbied

Check each applicable box

- ☐ Members of the General Assembly ☐ Public Servants of State Government
- ☐ Public Servants of County Government _____
Name of County
- ☐ Public Servants of Municipal Government _____
Name of Municipality

Type of Registration

Check only one box

☐ Individual Lobbyist ☐ Firm

Name of individual lobbyist or firm _____

Address _____

City _____ State _____ Zip _____ Phone _____

If registering as a firm, list the name of a contact person: _____

If registering as a firm, list the name of each person who is authorized to lobby for the firm:

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

Client/Employer
List each client or employer for whom you lobby
All information must be complete

Name of Client/Employer	Mailing Address	Phone	Type of Business/Entity

I certify that I have examined this lobbyist registration form and the information contained herein is true and correct.

Signature of Individual Lobbyist/Contact Person for Firm

Date